

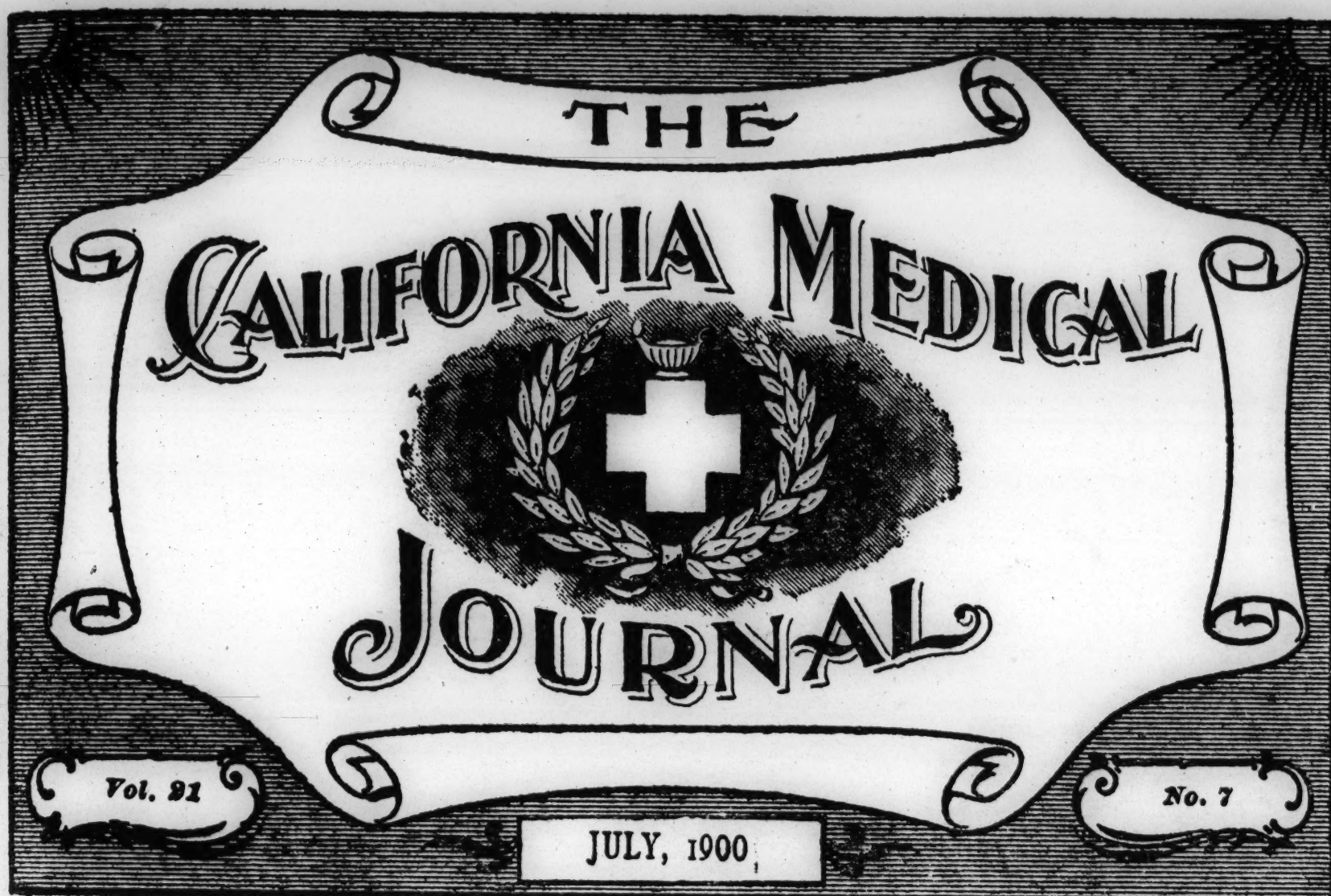
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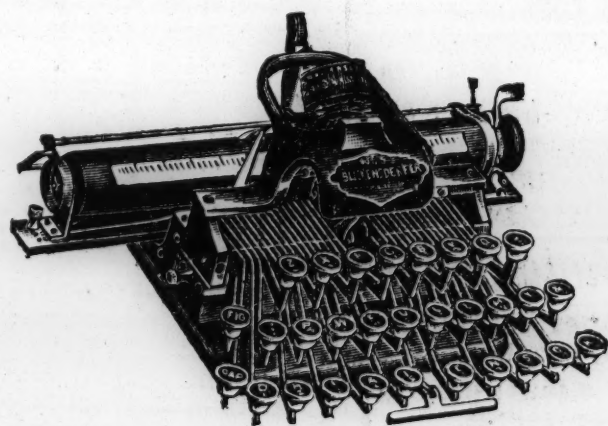
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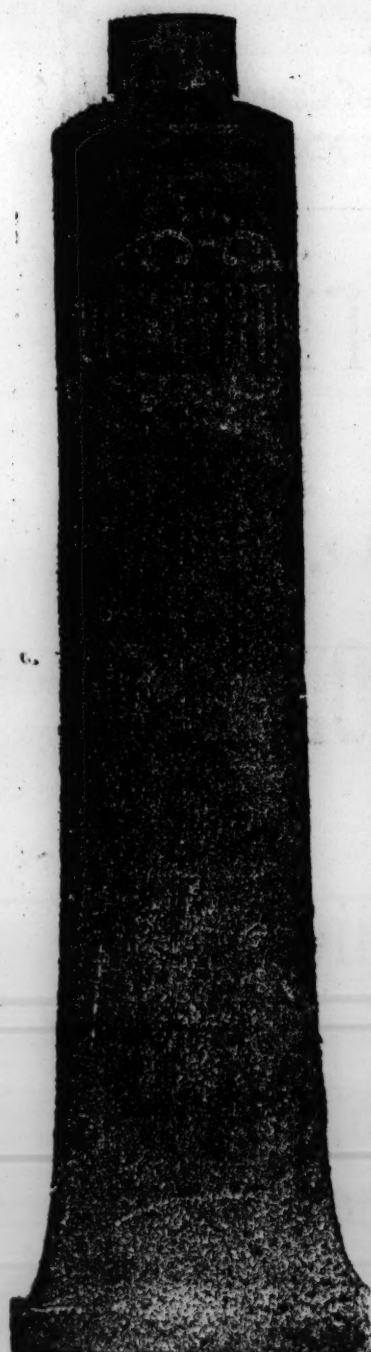
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California Medical Journal.

Vol. XXI.

SAN FRANCISCO, CAL., JULY, 1900.

No. 7

Nitro-Glycerine.

JOHN FEARN, M. D., OAKLAND, CAL.,

Formerly Professor of Materia Medica and Therapeutics, California Medical College.

[Read before the Eclectic Medical Society of the State of California, May 22, 1900.]

SYNONYMS: Tri-nitrine and glonoin.

Description—Nitro-glycerine, as it comes to the physician, is a clear, colorless liquid tasting and smelling like alcohol. It is a compound of glycerine, nitric acid and sulphuric acid, and is usually found either in tablets of a definite strength or as the official spiritus glonoini, which is a centesimal, or one-per-cent solution, and the dose will be from the very small fraction of a drop to one or even three drops used very cautiously.

History.—It seems to have been discovered a little over fifty years ago, and has since been generally used for explosive purposes. For quite a number of years it has been used by Homeopaths in medicine, and I think that school deserves the lion's share of credit for discovering the uses of this important and remarkably useful drug.

To my mind, the best article on the physiological action and medical uses of this drug can be found in Burt's "Physiological Materia Medica," and I have read every author to whom I could command access. But the intel-

ligent Eclectic physician will notice that Burt is following strictly Homeopathic rules of using this remedy, his dosage being all of the infinitesimal kind for the secondary action of the drug. But, as I shall attempt to prove, we can use it both for its primary and secondary effects. Few drugs have been more wrongfully abused than this same drug now under consideration, and all for lack of proper teaching.

Uses in Medicine.—In its action this remedy is very much like that of amyl nitrate. Most observers give credit to amyl nit, for getting in its work quicker than the nitro-glycerine, but almost without exception they say that its effects are more evanescent than the last remedy. I have used it now a good many years, and for quickness in action nitro-glycerine with me leaves nothing to be desired.

If you want a marked case of the dual action of drugs, you can choose no better remedy than nitro-glycerine. Instead of speaking of the dual action of drugs, some of our therapeutists prefer that we speak of their primary

and secondary action. To this I have no serious objection. If we would designate its action according to the old nomenclature, then no one who has used it can doubt that it is both a stimulant and a sedative. We get its stimulant action, or primary, if you please, from physical doses, say anywhere from an eighth of a drop of the centesimal solution to one, or even three drops of the same. We get its sedative action, or, if you please, its secondary action, from very small doses, say, infinitesimal parts of a drop of the centesimal solution.

Now, let us picture in our minds the physiological conditions calling for either one of these actions and then apply the remedy on these lines, and you will come to the conclusion that no remedy has a better right to the term "specific" than this same glonoin.

Some have compared the action of glonoin on the brain and head to that of belladonna. It is true that either of these remedies are capable of giving rise to active cerebral congestion. But Burt says, "with belladonna the circulation within the cranium is excited because the brain is irritated. With glonoin the brain is irritated because the circulation is excited." This, to me, is a very important distinction, and one the truth of which I have proved again and again.

As a proof that the throbbing and bursting headache which can be produced so certainly by this drug, results from increased action of the heart and arteries, we may call attention to the fact of the rapidity with which these un-

pleasant effects are produced. I have seen head symptoms follow so quick after the exhibition of this drug that I could not be in doubt for one moment as to cause and effect.

To those not fully acquainted with the use of this drug, perhaps I could perform no better service than to give some of my experiences with the primary and secondary uses of this drug; this, I take it, will be far better than any amount of theorizing. With me, if I can once get in my mind a picture of the work I can do with any given drug that picture becomes part of my working capital; in short, I do not forget it.

When first I heard of the uses of this remedy, it was lauded as a remedy for headache; it was not made clear what kind of a headache, but to hear the talk to which I had to listen, you would naturally think it was a regular panacea for all kinds and sorts of headaches. Literature on the subject was not very plentiful, and I was not at all acquainted with the Homeopathic use of the drug. Very soon amongst some who had taken it up as a remedy for cephalalgia, there began to be expressions of very great dissatisfaction. They said the remedy would not cure headache. And the fact was it would not cure all kinds of headache.

About this time I was called to the widow of a physician. Her suffering was terrible. The patient was quite corpulent, but short in stature. In the upper portion of the middle third of the thigh, right over the femoral artery, there was severe pain, and below that there were cramps and obstructed

circulation—for this I determined to use massage. I was afraid of embolism. Her face was flushed, head hot and she had a throbbing headache, to ease which I determined to use glonoin. I began to give doses of, maybe, about one-twenty-fifth of a drop of the centesimal solution, which I repeated. With the repetition of the dose the patient, who had quite a knowledge of the action of remedies, cried out:

“Oh, doctor, that medicine goes straight to my head, and each does increases the throbbing!”

I left off the massaging, and at once almost emptied the medicine, and filled up again with water, and then began to give this dilution in teaspoonful doses at proper intervals. The massage soon did its work restoring the circulation and relieving the pain, and the dilution of glonoin quieted the intercranial circulation, and soon the patient was entirely relieved and happy. I found that she had been used to these congestive headaches, and she was astonished at the quick relief brought about by the tasteless and colorless dilution.

In this case I had made an important discovery—glonoin was a remedy for severe throbbing and bursting headache, but you must give it in very small doses for its sedative and secondary effect.

Soon after this I had my second opportunity. A lady, about the same build as the one just described, was taken with a severe throbbing headache. Her face was flushed, head hot and circulation excited. Here was a place for the secondary or sedative

action of the drug. She was placed on small doses of the 3x dilution. Relief followed. Some time after this the lady was staying in an inland town and telegraphed for the prescription. I wired back to medicate No. six sugar discs with the 6x dilution, giving her two discs and repeating at intervals as needed. The results were good. This, you may say, is good Homeopathy. I answer from my standpoint, it is good ECLECTIC SPECIFIC MEDICATION.

Now, let us see a little of its primary or stimulant use.

Some years ago I was called one evening to see an old Hebrew gentleman. He was over ninety years old and getting feeble. Being right in the neighborhood, I was soon there. The old gentleman had gone to the toilet and, staying there quite a time, they became alarmed. I found him cold, with no pulse at the wrist and semi-conscious, sitting on the toilet. The first impulse of the family was to carry him to bed. This I forbade. The lamp of life was burning so low that I was afraid the least movement might extinguish the flame. Glonoin, one drop of the centesimal solution, was administered, and he was covered up. In a very little while a flickering pulse could be found, which quickly improved. He was then carefully carried to bed, light stimulants were given and he was soon comfortable. This was my first experience with it in such a case, and I learned that glonoin, in physical doses, is one of the best heart stimulants we have.

A few years ago, while attending divine service one Sabbath morning, we

were treated to quite a smart shock of earthquake. No damage was done, but the chandeliers in the auditorium swung visibly. On the opposite side the room I saw that someone had fainted. There were several physicians near, so I did not go there at first; but the shock being prolonged I crossed over. I found the shock very pronounced, the features blanched no pulse at the wrist and the patient looking like one dead. I at once gave her a stimulant dose of glonoin. She soon opened her eyes and rallied. Here was another marked success, and I could multiply such cases.

About three weeks ago I was called by telephone to see one of my patients. I had been treating her for general dropsy, complicated with heart and kidney trouble. She had been doing fairly well, but this day she had a serious setback. Her features were pale and haggard, her pulse a mere flicker, her lips blue, nose pinched and breathing quite difficult. Her case was serious. I put her at once on stimulating doses of glonoin, and advised a warm, stimulating drink. In about three hours I called again. The change was remarkable. Her countenance had changed for the better in expression and color, the nervousness and dyspnoea had left, she had a fairly good pulse and, on the whole, she was safe and comfortable.

I hear some one say, "Well, strychnia would have done all that." Ah! none know better than this writer what a priceless remedy strychnia is in such cases, but let me say that the patient was on strychnia at the time of this

setback. A change was urgently needed, and glonoin filled the bill admirably.

I could go on with clinical experience in the use of this drug, but I think the above cases will be a sufficient and safe guide in indicating the conditions where it can be used to the great benefit of the patient and the credit of the therapist. Remember, this remedy is a powerful brain stimulant, its effects are seen almost immediately, and these effects are produced by its stimulating effects on the heart. In prescribing this remedy in any disease, whether in cerebral anemia or in cerebral hyperemia, in asthma, in epilepsy, in angina pectoris or in albuminaria, be sure first and decide beyond a doubt whether you want its stimulant or primary or its sedative or secondary action. If you will do this you will come to the conclusion that I came to long ago, that this drug is one of our most positive remedies.

F. Ellingwood, M.D., in his "Materia Medica," says, "This remedy has controlled many cases of post-partum hemorrhage by determining the blood to the nerve centers and increasing nerve control." Here the hemorrhage is clearly a passive hemorrhage, and you will need the stimulating action of the drug.

Bartholow says: "If given preceding the chill in intermittents, it will act as an antiperiodic, warding off the attack and preventing the depressing effects of the cold stage." I have not used it in such a case, but from experience with it in other directions I should have great confidence in its power to lessen the depression. So in cases of

epilepsy, where there is a perceptible aura before the attack, I think the stimulating action of this drug would come in well.

Various reasons have been given for its quick action upon the heart and circulation. Some think it is caused by the stimulation of the heart substance itself, or the stimulation of the ganglionic nerves. Another reason given is that it acts by depressing the vagi; and to me the rapidity of its action on the circulation, together with the lowering of arterial tension, would look as though depression of the vagi were responsible for these phenomena. Of this I am not positive. But as to its therapeutic value and use I have no doubt whatever. I regard it as one of our most valuable remedies, a remedy

which proves by the certainty of its action in removing pathological conditions, which in themselves are both painful and dangerous. I say, by this certainty it becomes one of the most positive proofs that there is such a thing as specific medication. I have by repeated experience so proved its reliability, that I carry it with me all the time.

In conclusion, let me say: I have not been in the habit of using it hypodermically, its use per orem being so generally satisfactory. Again, I prefer using it straight, and not in combination. With an assurance born of continued success, I would say to my medical friends: Try glonoin on the lines I have indicated, and I know it will please you.

Trephining in Traumatism of the Skull.

W. A. HARVEY, M. D., SAN FRANCISCO, CAL.,

Professor of the Principles and Practice of Medicine, California Medical College.

[Read before the Eclectic Medical Society of the State of California May 22, 1900.]

MR. PRESIDENT and Fellow Members: In presuming to occupy your valuable time, I do so in the belief that I can report a case that will prove interesting and perhaps instructive.

The case referred to is interesting,

First—Owing to the length of time that lapsed between the receipt of the injury and the time of operation;

Second—The relation that existed between the seat of external injury and that of cerebral injury;

Third—The results obtained by operation.

The history of the case is as follows:

Mr. A., age 58 years, was fourteen years ago thrown from a railroad car and sustained an injury to his head and back. There was a laceration about one inch to the left of the sagittal suture, extending from the frontal suture backward over the vertex about three inches in length, there being no apparent fracture of the bone. There was also a contusion over the upper lumbar vertebrae. There was only a few hours' loss of consciousness, but there existed complete motor paralysis, with the exception of the head.

This paralysis continued for eighteen days, after which the patient began to recover the use of the right side, and could walk some in six months, viz., by dragging the toe of the left foot to the heel of the right. He had no use of the left arm. From the moment of the accident there existed a constant priapism, which remained for three years, then subsided. The vision was apparently reduced about one-half. The bowels moved regularly once in four days, with an occasional exception, when five or six days would lapse between evacuations. The paralysis of the left side continued until after the operation, which was performed on October 21st, 1899, at the Maclean Hospital.

A diagnosis was made of pressure on the right side, upon the motor area of the upper and lower extremities, the blow upon the *left* side of the head having fractured the inner plate of the skull upon the right side.

I removed a button of bone at a point

one-half inch posterior to the half of distance from the glabellum to the occipital protuberance and one inch to the right. On inspection of the bone removed it proved to be a quarter of an inch thicker on one edge than the other, the thickened portion being directed toward the right and slightly forward. The thickened portion was removed without rupturing the dura mater, and the periosteum was united over the opening, the same to be allowed to close by fibrous union, with no button or plate.

The patient was allowed to sit up in one week, and he left the hospital on the twelfth day, much improved, and now, seven months after the operation, the patient can raise his left foot eight inches from the floor and can walk very well without a cane, the gait being affected by habit only. The constipation is entirely removed. The operation was entirely successful and satisfactory, both to the patient and the surgeon.

When Shall We Apply Obstetric Forceps?

WM. B. CHURCH, M. D., OAKLAND, CAL.,

Professor of Physical Diagnosis and Diseases of the Chest, California Medical College.

[Read before the Eclectic Medical Society of the State of California May 22, 1900.]

IT seems to be taken for granted, especially by Chairmen of Sections that each member of the State Society should prepare one or more papers.

The reading of these papers, and extemporaneous discussion of them, constitute the principal proceedings of the session. When this is fully understood, it seems fair to assume that presenting a paper and reading it before you car-

ries with it no offensive assumption of fancied superiority, no pretense of occupying the position of instructor, or possessing unusual information; but merely a method of suggesting a subject for mutual discussion, which, in one's opinion, may be edifying and contribute to the interest of the meeting.

On this basis I venture to bring

before you the subject already announced, "When Shall We Apply Obstetric Forceps?" It will be conceded that there is wide diversity of opinion and practice with regard to the forceps, some going so far as to say that they are responsible for most of the unpleasant sequelæ of pregnancy, entailing a necessity for a vast amount of gynecological work, and often inflicting irreparable injury on the child. On the other hand the claim is made that earlier and more general use of forceps would prevent many of the accidents and avert much of the suffering which attends reproduction of the species. I trust that the discussion which will follow the reading of this paper will enable us to decide where between these two extremes the truth lies and indicate the proper course to pursue.

Probably all will agree that so long as the uterus is contracting regularly without spasmodic action, the head advancing slowly, and the parts relaxing, with a reasonable prospect of completion of labor within a few hours, application of forceps is uncalled for and injudicious. We meet, however, many modifications of these conditions. In lingering labor, with the head above the brim of the pelvis, or resting on it, or perhaps engaged in it, no progress being made and the patient becoming exhausted, we have here conditions which will raise urgent demands for relief. In such a situation we have to choose between external compression of the uterus, administration of ergot, and resort to forceps. This is a situation I submit for your discussion, with the simple statement at present

that my own preference is a resort to forceps. The question as to whether prolonged labor in the first stage involves danger to mother and child is one on which there is still difference of opinion. Those most competent by extended experience to speak concede the danger, especially when the head fails to retreat after a pain passes off. Such failure to recede between pains indicates undue pressure on the maternal soft parts, and should be regarded as an indication for forceps, to obviate danger of sloughing.

Aside from the question of risk, there is also a division of sentiment as to whether there should even be a resort to forceps merely to save the mother from suffering. On this point it might perhaps be well enough to let the mother decide. A question more difficult concerns the application of forceps in any case before the os is fully dilated. I would say, only when the condition of the mother calls for a speedy delivery. If the os is dilated delivery may be easily and quickly accomplished; if undilated and rigid it will constitute so serious an obstacle that we will only apply forceps as a *dernier ressort*.

A nice question is often presented, especially in primiparous women, when the expulsion is prevented by the tonicity of the soft parts of the pelvic outlet. With every pain the child's head is crowded against these resisting parts, the perineum becoming greatly distended but still forming an impassable barrier. When the pain ceases, the head retreats, all tension is relieved, the placental circulation is restored

and quiet prevails until the next pain comes on. So long as the rhythm and force of the uterine contractions are maintained, we may be content to leave the case to nature, but if the time comes when movement of the head grows less, or it remains stationary, the pains farther apart and less forcible, it is good practice to anticipate the impending deadlock by forceps delivery. It cannot be doubted that resort to craniotomy is much less frequent since the use of forceps has become more general.

There remains another class of cases, still more important than any already considered, where judicious use of the forceps is most important. Here also there is wide diversity of opinion and practice. Reference is had to posterior occipital positions, or transverse positions, in which there is failure to rotate. These cases are always lingering and involve an immense amount of suffering, even if the pelvic diameters are ample. The reasons why such conditions render labor tedious and difficult need not be detailed here, as you are all familiar with them. We are only concerned at present with the question of the applicability to them of forceps treatment; first, for the purpose of causing rotation of the occiput anteriorly, and then reapplying them, if necessary, for delivery. Strong condemnation of this use of forceps appears in some works on obstetrics, but they fail to convince me that it is justifiable or good practice to allow a woman to suffer agonies for many hours in a position which can be readily and safely relieved in five minutes.

The method of applying forceps in these cases was detailed in a paper read before you in this place two years ago. The only conditions when such use of the forceps is dangerous or impracticable, in a normal pelvis, is in those rare cases where there is a rotation of the occiput into the hollow of the sacrum and in face presentations.

Before concluding, I desire to emphasize one other point regarding the use of forceps; that is, that they should only be used for aiding delivery when they can be properly applied to the child's head. The proper application implies that the blades embrace the head over the parietal prominences, the heel of the instrument inclosing the occiput and the extremities of the blades inclosing the ears or lower part of face. It by no means follows that after we decide to use forceps we should feel compelled to deliver at once. It is often necessary to make gradual, intermittent traction, giving ample time for relaxation of the parts, and securing delivery without injury to mother or child.

The popular dread of forceps is steadily yielding to a better conception of their value and necessity in appropriate cases. The time is not distant when this instrument will be popularly regarded as the parturient woman's best friend. There are some old obstetricians who take pride in saying that they confine women without instruments. This ambition is one which I would not commend to our recent graduates. On the contrary, my advice is to use the forceps frequently, with the view of becoming expert in

manipulating them, using them with great gentleness in easy cases, and more force when required. Experience gained in this way will be of great value in those exceptional cases of abnormal labor which sooner or later fall to the lot of every physician. Only in this way can you acquire the skill and confidence which will enable you to cope with those grave cases when two lives may depend upon your fitness for the great responsibilities you have assumed. There is a world-wide difference between success and failure under such circumstances. The forceps intelligently applied will secure the desired result.

An essential preliminary to the use of the forceps is exact knowledge of the position. Another, which is too obvious to require mention, is the securing of asepsis. In order to diagnose definitely a position, a hand is introduced far enough into the vagina to palpate the fontanelles. If there still remains any doubt it should be solved by carrying the finger tips to an ear. In the high forceps application, the axis traction rods are of great value, a less degree of force being required, and injury to maternal parts is less likely to attend their use. Spontaneous rotation is also favored by direct traction.

The utility of forceps is pretty much limited to head presentations. Consequently ante-partum diagnosis is of great importance in order to convert, by external version, other presentations to that of the vertex. Safety of the mother and child is decidedly promoted by the vertex presentations. If, how-

ever, we have not had an opportunity to know anything previously, but are called to a case with the breech presenting, it is often easier and better to use forceps to the breech, instead of the usual method of passing a finger over the groin. In such a case, also, it may be necessary, where there is any delay, to apply forceps to the after-coming head, rather than depend on hooking the finger in the child's mouth.

While strongly in favor of forceps in the cases so far considered, I just as strongly deprecate their use in irreducible posterior and face presentations. Such alternates as symphysiotomy, or Cesarean section, should be substituted. If these are, for any reason, impracticable, I would even do a craniotomy rather than attempt to deliver with forceps.

Right here we touch upon a matter which is extremely serious, and the usual practice is responsible for a vast amount of wretchedness that is in many cases worse than death. It is bad enough to present the body of a dead child to a mother as the reward of all her labor and pain. It is much worse to place in her arms a being doomed to hopeless invalidism and helplessness, incapacitated by spastic paraplegia, epilepsy or dementia. Nothing in this world is more pathetic than the affection and devotion which for many weary years she bestows on the blighted fruit of her womb. It is a recognized fact that the improper use of forceps, injuring important brain centers, is often responsible for this distressed situation. Any use of the forceps is

improper if applied to any other than the bi-parietal diameter, with occiput in front. I mean, of course, use to deliver, to use for traction. Such use as heretofore recommended for securing

anterior rotation of the occiput is also proper and important. As some of the suggestions in this paper involve mooted points, its author does not expect to escape criticism, but invites it.

Hour-Glass Contractions of the Uterus with Child in Utero,

H. J. RING, M. D., FERNDALE, CAL.

[Read before the Eclectic Medical Society of the State of California May 22, 1900.]

DURING a continuous practice of over twenty-three years and attending forty to eighty confinements yearly, I had not met with hour-glass contractions of the uterus *with the child in utero* until last year, after almost concluding that such conditions rarely if ever occurred. Hour-glass contractions of the uterus during the third stage of labor, causing retention of the placenta, I have met with many times—they are not infrequent. However, I am now thoroughly convinced that hour-glass contractions of the uterus with child, as well as with the placenta also in utero, sometimes takes place, two cases occurring in my practice last year within six months of each other.

Case I.—Mrs. D., multipara. Upon my arrival I found the patient up and cheerful; pains moderate, but had felt pains for six or seven hours. I found the os fully dilated, and during a pain (the first after my arrival) the bag of waters presented at the vulva. Upon examination, I could not detect any part of the child presenting, so I hurriedly prepared for any emergency. During the next pain the waters broke, there being at least half a gallon discharged at once, and with it about

three feet of the umbilical cord, which, to my astonishment, did not pulsate. Upon further examination, I found the child's right hand presenting in the upper straight. I immediately administered chloroform and introduced my hand into the uterus and found an hour-glass contraction holding as in a vice the child's right arm, just below the axilla, and the umbilical cord, which latter, as before indicated, did not pulsate. Contraction did not relax until the patient was under complete anesthesia, when I succeeded in dilating it, and found a transverse position, with head to the right side and abdomen downwards. After the contraction yielded, I obtained hold of the child's feet and delivered. The child could not be resuscitated; it was dead. This lady has had three children in all and had a shoulder presentation with her first child, the second presented in a normal condition, and this, the third, as above described. I believe the child was alive at the time the waters broke, motions having been felt just before.

Case II.—Mrs. B. I was called early Friday morning, October 20th, 1899, patient having had irregular pains for five days, and had been attended by a woman, who at times officiated as mid-

wife. This was Mrs. B.'s twelfth confinement, and in none of the previous eleven had a physician been in attendance. I found Mrs. B. a strong, healthy, robust-looking woman of forty years of age, and somewhat fleshy, pulse 75, temperature normal. On examination, found no dilatation of the os, could not discover any part of the child presenting and no pressure downwards during a pain, except that produced by the voluntary efforts of the patient. I concluded that it was a case of false pains, and gave a warm sitz bath and a twenty-grain dose of hydrate of chloral, and went home, leaving two ten-grain doses of chloral to be given two hours apart if necessary, promising to call in the evening, which I did, and found the patient comfortable, with only an occasional symptom of pains. Her other conditions were the same as in the morning. I then left, after giving instructions to call me when necessary.

I was called again Saturday morning, October 21st, at 4 o'clock, and upon examination found the os slightly dilated and could just make out that it was a vertex presentation. The pains were from twenty to thirty minutes apart and not very strong. I gave another sitz bath and a dose of chloral, and laid down to rest. In two hours

I examined the patient again and found the same conditions as before. After waiting four hours more without any progress, the patient stated that she had not felt any motions for over twenty-four hours. Upon auscultation I could not detect any fetal heart sounds, and I could see no reason for labor not progressing, the patient being large, the os dilatable, presentation favorable, etc. I concluded to administer an anesthetic and investigate thoroughly. I introduced my hand, and the os dilated readily, the head being freely movable when pressed upon from any direction. I then pressed the head aside, introducing my hand higher up, and found a constriction (an hour-glass contraction) around the child's neck so firm that at first I failed to get a finger into it. It gradually yielded, however, under profound anesthesia, and by aid of external pressure I secured the feet and performed pedalic version, delivering in that way, in preference to using forceps upon the head above the upper straight. The child was dead.

Neither of these patients had taken any medicine that could have caused the contractions. Patient No. 2, however, had a fall, but sustained no injury, one week prior to her confinement.

Hypnotism—Its Rationale.

G. P. BISSELL, M. D., WOODS, OR.

IN a former number, I gave a paper designed to throw some light on the subject of Christian science, seventh sons, etc. In that paper the position

taken was that what is not self-cure is derived from the organism of another. This force, coming from some exterior organism, simply aids the efforts of the

diseased organism in its struggles to throw off that disease and return to a healthy state.

In this paper the object is to show that hypnotism is simply an exaltation of the natural force of the organism to resist pain and throw off disease, for I assume that pain, from whatever source, is a manifestation of disease.

Now, every physician knows that the intensity of pain is rarely a measure of the degree of danger to the life force, and many laymen recognize the same truth; but if that pain be indefinitely prolonged it lowers the state of health and may become a menace to life.

Every physician also knows that the sensibility to painful impressions varies greatly in different individuals, and in the same person at diverse seasons of life. Infancy is very susceptible to pain; but as age advances that which would have before caused acute pain is borne with scarcely a passing thought.

So, also, everyone knows that if the pain can be diverted, the resulting pain from any cause is far less than if the attention be fixed on the subject and pain be expected.

But even if the attention be fixed on the subject, a determined resolution greatly lessens the resulting pain. Every boy knows this in his fights with other boys. In England the whipping post has been revived as punishment to wife beaters and other acts of brutality. Those who receive the lashes with resolution feel less pain, as indicated by the pulse, than the cowardly.

This brings me directly to the subject. In the last analysis, chloroform

obtunds pain by diverting or smothering the attention. Physiologists may trace the steps just as closely as they please, but in the last analysis it comes to diverting the attention.

Now, hypnotism acts similarly. The hypnotist takes care to assure the subject that he shall feel no pain, and, accordingly, no pain is felt. Were he to declare that the pain would be severe, severe it would be, because the subject's mind would be fixed on it and expectation of pain would be active. The subject trusts in a power to obliterate pain, and it is not felt. He does not analyze that force, any more than does the subject who goes under the influence of chloroform.

Bring forward the nervous system and its susceptibility to the influence of morphine or the coal-tar products as much as one may, but when pushed to its extremity it comes to the psychic phase, that the brain has to take cognizance before pain is felt.

The vibrations along the nerves in health are harmonious. The result is pleasure. But if those vibrations are inharmonious the result is pain; but the brain is the final arbiter. If the attention of the brain be sufficiently diverted or obtunded, no pain is felt. Hypnotism does so divert the attention to obliteration of pain. If we enquire whence comes the force to so obtund the nervous system, the answer is short. With a little practice everyone can throw himself into a hypnotic state. Hence the inference is inevitable that the power is self derived. It exists as part of our organisms.

Shall the Specialist Divide the Fee With the General Practitioner?

EMORY LANPHEAR, M. D., PH. D., ST. LOUIS, MO.,

Formerly Professor of Surgery in the Kansas City Medical College and the St. Louis College of Physicians and Surgeons, Gynecologist to St. Joseph's Sanatorium.

[Extract from paper read before the Missouri State Medical Society, May, 1900.]

WHEN an attorney in a county seat has a client in danger of the penitentiary, and hence in need of the very best of counsel, it is customary for him to seek some eminent lawyer of a great city and request his aid. In so doing does he approach the distinguished gentleman and say: "I have a client accused of —, who is able to pay \$3,000 for his acquittal; will you take the case with me for this sum—leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has \$3,000 for his defense; are you willing to take \$2,000 of this to join me in securing justice for him?"

Arrangements of this kind are made daily in every large city. Does any one ever suggest that the country attorney has been doing a dishonest act in thus securing his brother practitioner to do the major part of the work for the \$2,000, he retaining \$1,000 for his services? Would a doctor, sued for \$100,000, regard such a transaction as disgraceful, unethical or objectionable, if thereby he were saved this sum?

But let the question be one of saving life, instead of securing liberty and preventing financial loss—and how different it is!

If a country doctor has a patient with recurrent appendicitis (upon

whom he *might* operate with success but fears possible failure), with a prospective fee of \$600, must he—in order to be "ethical"—write to some city surgeon to come to his help, take all of the \$600 and leave him merely the satisfaction of a duty well performed, or possibly pay for a few visits at starvation rates? "Upon what meat doth this our Cæsar feed that he hath grown so great?"

Why should not the country doctor plainly say to the city specialist: "I have a patient with appendicitis who is able to pay \$600. Will you operate for \$400, and leave me \$200 for preparation, after-treatment, etc.?" What would be wrong about this? Let Drs. Robert T. Morris of New York and Burnside Foster of St. Paul, who so vigorously maintain that division of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (a) the patient, (b) the attending physician and (c) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to unethical conduct? Have we not hitherto been too unmindful of the financial interests of ourselves and our professional brothers?

The payment of a "commission" for all business simply "referred" to a

specialist, or for mere consultations, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and

right when the specialist and the general practitioner jointly share the work and the responsibility in the cases they may treat together.

Does Matter Think?

M. H. LOGAN, A. M., M. D., SAN FRANCISCO, CAL.,

Professor of Chemistry, California Medical College.

[A reply to a paper on this subject by Dr. O. S. Laws, of Los Angeles, published in the June number of the JOURNAL.]

THAT depends upon what you understand by matter. In the commonly accepted way, inert matter certainly does not think; but organized matter has very striking symptoms that way. An anecdote or two will better illustrate what I want to explain.

In a private forest near the house of my youth once stood a tall black oak tree that had been dead some years. Most of the top had been blown away, leaving a deep, cylinder-like hollow that was filled up with decayed wood, dead leaves, etc. There were a few dead branches reaching out ten or twelve feet from the main trunk, which itself was broken off about fourteen feet above the ground. The outer rings of wood were still solid and the bark was firm; the trunk was about two feet in diameter.

In some way a madrona seed had been dropped into the hollow top, probably by the wind or a bird. The seed found a convenient soil in which to grow. When I first saw it, it was about two feet from the oak tree top. A pretty contrast it made, with its slick, red branches and glossy, green leaves growing from the dead, black oak tree fourteen feet above the ground. But

how it could nourish itself up there during the long dry spell usual to that climate was a mystery, for such a sapling was not usually furnished with much roots.

One day my father concluded to cut the oak tree down and remove it, with its living offspring, to our garden as an ornament. The mystery was then solved, for, when the oak tree was cut off near the ground, the tap root of the madrona had to be taken from the soil several feet under the roots of the dead tree. Twenty-five years have passed since then, and this madrona has become a magnificent ornamental shade tree, standing not less than twenty feet high and broad in proportion.

The *Ideal Review* relates a remarkable case noticed by M. Grimiard, a mining engineer, who once had occasion to visit a French mine, "and there noticed a small plant with a large name—*lathrea squamaria*—which had willed to find the light, and had consequently started on an unusual journey. The little seed had been dropped by chance, and had germinated at the bottom of the shaft. So up the side of it it climbed about one hundred and twenty feet

in all to sunlight. One hundred and twenty feet, and this little plant has never before been known to grow more than six inches in height. How did it know that there was sunshine at the top?"

All living things of earth have by nature been endowed with will, selection and choice, which differ only in degree. Outside of his emotions man differs not so very much from his fellows, the plants.

DR. BISSELL'S BELIEFS.

I see that Dr. O. S. Laws, in the June number, suspects me of being a materialist. Well, yes, doctor, if you so view the subject. I believe the universe is composed of but two things, if things they be—matter and force; that these are interdependent and interpenetrating; that one never exists separate from the other; that their various proportionate combination makes every phenomena that is and every form that exists.

All the same, doctor, I am a pronounced spiritualist. I believe that I shall have renewed life when I have dropped this body, now 74 years old—life in another sphere and place; the same individual life which I awake

with every morning, identical with the life of the day before.

For myself this is only belief; but for others who have passed from this earth it long ago became absolute knowledge through three senses—seeing, hearing and feeling—precisely as I know of the existence of persons other than myself here on earth. Then, by the same psychic method of interchange of intelligence, I know of the lives of men and women in spirit land.

And that I shall be somebody—myself—made up of material and interpenetrated with force there, as I here feel myself to be, is my full and firm belief.

G. P. BISSELL, M. D.,

Woods, Or.

Papillomata of Both Ovaries.

L. F. HERRICK, M. D., OAKLAND, CAL.

[Read before the Eclectic Medical Society of the State of California May 22, 1900.]

PAPILLARY tumors of the ovaries constitute a well-defined group peculiar in their clinical and microscopical aspect. They may be on the surface of the ovary or in the Graaffian follicles, and are formed by proliferation of the germinal epithelium.

The object of this paper is to call your attention to some interesting features of a case I operated upon on

March 5th of this year; and not to go into the details of cause, pathological anatomy, diagnosis and prognosis—for all that is known about ovarian tumors, papillary, as well as others, can be found in any standard text-book on the subject—I shall proceed with the consideration of this case.

About three years ago the patient from whom this tumor was removed

came under my observation and was operated upon for a lacerated perineum. At that time there were no signs of a tumor, or at least there was no enlargement of the abdomen. After the laceration had been repaired she regained her health and felt well for about eighteen months.

About six months ago she came to me complaining of a severe pain in her right side. I examined her and found the uterus enlarged and also could detect a tumor on the right side. From this time until the operation, she was seen every few days. The abdomen began to fill with fluid, and I advised a consultation, telling her at the time she had a tumor, and my advice was to have it removed.

On March 1st I took her to Dr. W. B. Church, and after consultation decided that an operation was necessary, and she was sent to the hospital the next day.

On March 5th, after careful preparation, we operated, and on opening the abdomen found it full of papillatomatus masses, choking the pelvis and covering the abdominal walls and intestines. We removed all we could, but still left scattered over the intestines and peritoneum many small papillatomatous tumors, varying in size from a pin-head to a small bean.

After washing out the abdomen with a normal salt solution, it was closed with silk worm gut sutures.

The patient rallied well from the operation, and never at any time had a rise of temperature over 101° , and nearly all the time it was normal.

At the end of the fourth day she

complained of pain, what was supposed to be due to gas in the intestines, and the abdomen became greatly distended. The suffering was intense, but there was no rise of temperature.

On the twelfth day after the operation I reopened the abdomen, and to my surprise removed four quarts of pus, after which she improved rapidly, and in a few days the wound began to heal, and was entirely closed two months from the time of operation.

The patient is now around, feeling well and gaining in flesh.

The points of interest which I wish to bring before you are the number and extensive distribution of the tumors and the enormous amount of pus within the peritoneal cavity, without causing a rise of temperature.

A Speech to the Point.

A physician was invited to speak at a local gathering, and being a comparatively new comer was placed last on the list of speakers. The chairman also introduced several speakers whose names were not on the list, and the audience was tired out when he said, introducing the lecturer:

"Dr. Bones will now give us his address."

"My address," said Dr. Bones, rising, "is 551 Park Villas, S. W., and I wish you all good night."

A G-U "DON'T."—Do not make a nitrate of silver apology to a chancroid. Caustic remarks are almost as curative, and are furnished gratis by the patient.
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It is highly recommended in neurasthenia, in impotence, and in depressed conditions of the nervous system, in which a nerve tonic is indicated—it is of special value, therefore in cases where there is or has been a drain upon the system, as in Prostatitis, rhea or Gleet.

Ol Santal Flavus possesses diuretic and balsamic properties, which render it of utility in cystitis and specific urethritis, and in such cases it is now generally preferred to its more ancient congener Balsam Copaiba.

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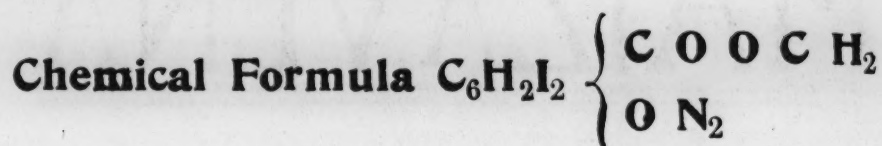
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A useful dusting powder for the chafing of infants is made by combining Iodozen, 5 per cent with powdered starch—in erysipelas, Iodozen may be advantageously applied to the inflamed surface undiluted.

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A Review and Digest **MEDICINE and SURGERY.**

A New Method of Gargling.

A very interesting article by Dr. S. T. Pope, which appears in the last issue of the *Occidental Medical Times* prompts me to point out the following method of gargling:

The gargle as it is usually employed is not effective, simply because it does not reach the area intended to be medicated, as the article very clearly states. If, however, in the act of gargling, the head is thrown well back and the nose held with the thumb and forefinger, it will be found that the solution reaches the posterior wall of the pharynx very thoroughly and thus applies the medicament effectually to the soft palate, the uvula, the anterior and posterior pillars, the tonsils, the epiglottis and the posterior wall of the pharynx.

By this method the parts named can be satisfactorily treated by the use of gargles, and by its favorable action upon these parts, the structures that are contiguous to them, viz., the larynx, naso-pharynx and Eustachian orifices.

This, I believe, is more properly the limitations of the gargle, except in exceptional cases, where the patient has developed great dexterity by allowing some of the solution to drop into the larynx and gargle it there, or pass it up into the naso-pharynx and allow it to come out through the nose. By following the method above mentioned, the gargle will be found a very satisfactory treatment, and all that could possibly

be expected of it.—R. Payne in *Occidental Medical Times*.

Bubonic Plague.

The Governor, in his investigations, and Judges Morrow and DeHaven of the United States Circuit Court, in their decision in the case of Jew Ho vs. Williamson et al, have proven that the bubonic plague does not and never has existed in Chinatown of San Francisco.

Among the strange features of this supposed epidemic of plague was the fact that no authentic case was ever demonstrated in a living subject.

Veratrum viride is indicated where there is a full and bounding or hard pulse, whatever the condition. Many cases of convulsions, especially those of the puerperium, will present this indication.—*Medical Summary*.

Evidently the editor of the *Medical Summary* has been converted to the idea of specific medication.

We are pleased to note that others of our old-school friends have awakened to the truths and sound principles of our system of medication.

Inoperable uterine cancers have been reported as arrested in their growth by full doses of thyroid extract.—*Med. Summary*.

Prophylaxis of Malaria.

The Australian gum tree, when planted in sufficient numbers in malarious districts, is known to greatly reduce the virulence and frequency of the disease, and now Dr. Dunham in

the *Columbus Medical Journal*, recommends the planting of the chrysanthemum for the same reason, claiming that its anti-malarious properties are far superior to any agent used in this way.

Whooping Cough.

A way of treating this disease is that by Legrand, who has found *grindelia robusta* a most efficient remedy in whooping cough, as well as in asthma. He believes that the powdered bark and its fluid extract are apt to be inactive, but that the tincture is useful and that the alcoholic fluid extract is also valuable. He has usually administered the fluid extract in sugared water or milk, although there is always a certain amount of the resinous material precipitated in the vessel from which the child takes the dose. This may, to a certain extent be avoided.—*St. Louis Clinique*.

To overcome the precipitation add sufficient glycerine—one or two drams will suffice.

If you see a boy who has first developed incontinence of urine in advanced childhood, and especially if there is occasional difficulty in retaining the urine during the waking hours, you will do well to search the bladder, for these are often the first symptoms of the presence of calculi in boys.—*Inter. Jour. of Surgery*.

Endocarditis.

Dr. Packard in the *Monthly Cyclo-pedia of Practical Medicine* cites several cases of endocarditis accompanying

tonsillitis, and says that it would seem far more rational to look upon tonsillitis as an infection and to view the endocarditis or arthritis, alone or in combination, as the direct result of the entrance of micro-organisms through, or absorption of toxins from the tonsil or pharynx.

The observer also notes that endocarditis or pericarditis may occur in the course of phthisis, and constitute very grave conditions, and their presence becomes more rapidly fatal the more advanced the patient appears to be in the lung trouble.

Whitley's Test for Albumen.

Put into a clean test tube fifteen to thirty drops of acetic acid, add two or three times this amount of a one to twenty per cent solution of potassium ferrocyanide. The urine is then added to two-thirds the depth of the tube. A precipitate denotes the presence of albumen, and its amount may be estimated by the amount of precipitate.

Another simple means of testing for albumen is by mixing three parts of urine by volume and one part by volume of a forty per cent solution of formaldehyde and set aside for a few minutes, and if albumen be present the solution in the test tube will assume a cloudy or murky appearance.—*Record of Symptomatology*.

Hints in Diagnosis of Cancer of the Breast.

In arriving at a diagnosis in cancer of the breast, it is well to remember that pain is not a necessary symptom, and that, as a matter of fact, women

often go on for a number of months without noticing that there is a swelling in their breasts.

As a rule it is a non-sensitive swelling at first, and this very often deceives the patient and sometimes, strange to say, the medical attendant.

In cancer of the breast, when making a diagnosis in the early stages, do not attach undue importance to the absence of retraction of the nipple. This is often a very late symptom, especially if the neoplasm first involves the periphery of the gland.—*International Journal of Surgery*.

Carcinoma of Uterus and Vagina.

A case of total extirpation of the vagina and uterus for cancer is reported by A. Sippel, in *Centralb. f. Gyn.* (*Post-Graduate* for April).

The case was one of primary vaginal carcinoma, in which the vaginal lumen was completely obliterated by the new growth. The author dissected out the entire length of the vagina from its surroundings and then proceeded and tied off the uterus from its connections with the broad ligament. He succeeded in removing vagina and uterus in one mass, from the periphery, without invading the diseased vagina. The patient recovered.

Obstetric Aphorisms.

C. O. Van Ramdohr in *Post-Graduate* for April has written the following aphorisms for the obstetrician's guidance, which are compact enough to be easily remembered:

1. Never rupture membrane unless

you are prepared to finish delivery at once, or unless you intend to confine the patient artificially within a limited period of time.

2. External measurement of pelvis has to be practiced to yield trustworthy results.

3. The external (Baudelocque's) diameter is never reliable.

4. The distance between the crests should be about an inch greater than the distance between the spines. Equal distances or a larger inter-spine indicate a deformed pelvis.

5. Contraction at the outlet is extremely rare, and if it occurs is usually the result of an ankylosed coccyx.

6. If the index finger can touch the promontory there is always a reduced conjugate diameter.—*Charlotte Medical Journal*.

Don'ts for the Sick Room.

Don't light a sick-room at night by means of a jet of gas burning low; nothing impoverishes the air sooner. Use sperm candles, or tapers burning in sperm oil.

Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way.

Don't throw coal upon the fire; place it in brown paper bags and lay them on the fire, thus avoiding the noise, which is shocking to the sick and sensitive.

Don't jar the bed by leaning or sitting upon it. This is unpleasant to the sick and nervous.

Don't let stale flowers remain in a sick chamber.—*Health*.

Timely Topics.

Syrup Albuminate of Iron.

"MERRELL."

An organic compound of Iron, representing in a purified and soluble form the albuminate and salts (phosphates) present in the blood. It contains 0.7 per cent metallic iron in a form readily absorbed and very efficient in medicinal action. This combination of iron approximates the natural forms in which the metal is present in the animal system, and possesses a marked value in anemia and chlorotic neurasthenia where prolonged administration of iron is indicated. It is not only free from all tendency to cause digestive disturbances, but is of positive value in these conditions during convalescence. One part of this syrup represents about fifteen parts fresh bullock's blood. Dose—Two teaspoonfulls four times a day.

Glycerole of Calendula.

The special application of Calendula is in inflammatory indurations of the skin and stubborn cases of acne. In the last named condition it is prescribed internally, as well as applied locally. The dose would range from one to ten drops. It is recommended in suppurative otitis media in combination with Solution of Boroglyceride, and is very efficient in herpes zoster (shingles), the itching and irritation soon being relieved by the topical application of Glycerole of Calendula; also in varicose veins, chronic ulcers, recent wounds, cuts and open sores. It causes a cicatrix to form without con-

traction of tissue, and hence is employed in burns.

In gynecological practice it is used in irritable conditions of the os and cervix uteri.

Facial Neuralgia.

Ferro-Salicylata, supplemented by Tincture of Gelsemium, forms a combination of great value in facial neuralgia, especially that form due to the uric acid diathesis.

Normal Tincture Cratægus Oxyacantha.

[HAWTHORN BERRIES.]

Hawthorn Berries (the fruit of *Cratægus oxyacantha*) has been recommended as a remedy in functional diseases of the heart and in angina pectoris.

Fluid Extract Adonis Vernalis.

Prescribed in mitral and aortic insufficiency, relieves præcordial pain, dyspnoea and palpitation, without cumulative effects. The dose of the fluid extract is from one to five drops, and its action should be carefully watched. Any symptoms of toxicity should be promptly met by the administration of stimulants.

Normal Tincture Gossypium Radix.

Uses—For its influence on the female genital organs, to stimulate the uterus when labor lingers from torpor. In small doses it relieves gastric derangements during the menses or early pregnancy, also in hysteria and to control the hemorrhage due to uterine fibroids or incipient cancer.

THE WM. S. MERRELL CHEMICAL CO.

College, Alumni. Personal

Dr. A. F. Temple, '99, has recently been elected examining physician for Darina Parlor, N. D. G. W. This is a large and prosperous parlor of Native Daughters, and they are fortunate to have such an able examiner.

The clinic rooms and surgical amphitheatre of the college are receiving a fresh coat of paint. The appearance of the entire first floor is being changed, and the students will find a great improvement upon their return.

The number of clinical patients is steadily increasing, and the eye and ear clinic, in charge of Professor H. W. Hunsaker, with the cooperation of Mr. B. Schapiro as optician, will prove more interesting and instructive than in the past. Many changes will be made in the manner of conducting the treatments, so that the students may derive the greatest possible benefit from every case.

Dr. F. J. Petersen, '00, has fitted up offices at 421 McAllister street. He reports good business, and will doubtless do well. Right here it seems well to state that the doctor is a thorough Eclectic, a firm believer in the principles of our school and a true, loyal friend to his college. We wish there were more like him.

Dr. M. Schirman has removed his offices to a more central location—in the Olympia Theatre building. He still retains his residence on Van Ness avenue.

Dr. W. H. Horsley, '00, is at his old

home in Snelling, where he is well known and very popular. We wish him the best kind of good luck.

Dr. S. H. Weitman, '00, was fortunate in locating at Menton. He was hardly off the stage before he was called, has been busy every day since, and, the best of it all is that he is well paid. His class-mates will be glad to learn of his good fortune.

Dr. J. M. Cain, '93, of Halsey, Or., is slowly recovering from a long siege of almost total spinal paralysis.

Professor M. H. Logan has gone East to attend the National and to enjoy a season of rest.

Dr. Carrie F. Young, '84, of Berkeley, Cal., is slowly recovering from temporary paralysis, following nervous prostration from over-work.

Dr. E. H. Byron, '00, has been appointed Resident Physician at the Maclean Hospital, entering upon his duties the first of June.

Dr. Vera Hamilton, '00, has located at Lemoore, Kings county, Cal. The JOURNAL wishes her all kinds of luck.

Dr. G. G. Reinle, '00, of Oakland, has been doing some county work for Coroner Mehrmann.

Dr. Gerdes, '00, has located at 1407 Market street, having taken Dr. Dobs' old stand.

Every bed in the Maclean Hospital is full. This speaks well for the institution.

Doctor Samuel G. Gant, recently elected Professor of Rectal and Anal Surgery in the Post Graduate Medical

School and Hospital, has removed from Kansas City, Mo., to No. 58 West Fifty-sixth street, New York City.

Dr. Law Keem, '00, will locate at Fresno.

Dr. C. B. Waller, '00, is still in the city. The doctor looks as happy as usual.

Maclean Hospital Report.

Dr. Maclean—Mr. A., rheumatism; discharged April 27.

Dr. Gere—Mr. B., varicocele; discharged April 15.

Dr. Hunsaker—Mr. T., hernia; discharged April 9.

Dr. Gere—Miss P., enlarged cervical glands; discharged April 17.

Dr. Harvey—Mr. C., hydrocele; discharged April 16.

Dr. Harvey—Mrs. H., laceration of cervix; discharged April 26.

Dr. Gere—M. S., periostitis, first metatarsal; discharged April 26.

Hospital—Mr. S., fracture of humerus, alcoholism; died April 24.

Dr. Harvey—Mr. M., varicocele; discharged April 24.

Dr. Mitchell—Mr. W., fracture dorsal vertebræ; died May 26.

Dr. Harvey—Mrs. D., confinement; discharged June 2.

Dr. Maclean—Miss H., cystic tumor; discharged May 14.

Dr. Gere—Mr. H., adynamia; still in hospital.

Dr. Gere—Miss D., suppurative appendicitis; still in hospital.

Dr. Gere—Mrs. P., inguinal hernia; discharged May 30.

Dr. Gere—Mr. B., whitehead operation; discharged May 15.

Dr. Maclean—Mrs. C., pelvic cellulitis; discharged June 2.

Dr. Schmiedel—Mr. L., neuritis; still in hospital.

Dr. Lamb—Mrs. M., carcinoma of omentum and liver; discharged May 23.

Dr. Maclean—Mrs. B., nervous prostration; discharged May 19.

Dr. Harding-Mason—Mrs. F., laceration of perineum; discharged June 5.

Dr. Maclean—Mr. S., neurasthenia; discharged May 28.

Dr. Logan—Miss J., hemorrhoids; discharged June 1.

Hospital—Mr. B., multiple neuritis; discharged June 4.

Hospital—Miss R., pregnancy; still in hospital.

Dr. Maclean—Mr. J., varicocele; still in hospital.

E. H. BYRON, M. D.,
Resident Physician.

Fact and Function.

DOCTOR—Your wife, sir, is suffering from general functional derangement.

MR. PARVENU—I know it. Maybe she will give me credit for knowing a few things after awhile. I told her to quit gadding around to all these swell functions, or she'd be sick. Now she's deranged. Is she liable to be violent, doc?—*Deerolt Free Press.*

Unto the pure all things are pure;
So some expounders claim;
But still it's always well to boil
The water just the same,—*Ex.*

Medical Societies.

Eclectic Medical Society of the State of California.

The twenty-seventh annual meeting of the Eclectic Medical Society of the State of California was called to order at 10:30 A. M. May 22nd by the President, Dr. D. Maclean in the main hall of the California Medical College.

Owing to the absence of the Recording Secretary, Dr. B. Stetson, Dr. W. B. Church was appointed Secretary *pro tem*. After roll call the minutes of the last meeting were read and approved.

The President then reviewed the work of the past year, and spoke at length upon the prospects and possibilities of the future.

Reports of the officers and committees showed that the Society was in a flourishing condition, and the Board of Examiners reported that licenses had been granted to thirty-six applicants during the year.

Although the attendance was not as large as usual, much interest was manifested in the meeting and reading of the papers, which were discussed much to the profit of all present.

Nine new members were elected, together with the following as officers for the ensuing year:

President, D. Maclean, M. D.; First Vice-President, W. B. Church, M. D.; Second Vice-President, J. B. Mitchell, M. D.; Recording Secretary, B. Stetson, M. D.; Corresponding Secretary, W. C. Shipley, M. D.; Treasurer, H. W. Hunsaker, M. D.

Censors—C. F. Gladding, M. D., H. Vandre, M. D., J. R. Goodale, M. D.

State Board of Medical Examiners—D. Maclean, M. D., G. G. Gere, M. D., J. W. Hamilton, M. D., H. W. Hunsaker, M. D., F. Cornwall, M. D., W. O. Wilcox, M. D., Chas. Clark, M. D.

After a most successful session the Society adjourned.

Southern California Eclectics.

The Southern California Eclectic Medical Association, organized in 1896, held its annual meeting in the Assembly Room of the Los Angeles Chamber of Commerce on May 8, 1900.

The Association is in a flourishing condition financially, the meetings being well attended and the program listened to with marked attention. W. L. Brown, M. D., occupied the chair, and Dr. A. O. Conrad acted as Secretary.

The following papers were read, a discussion being in order after each number: President's Annual Message, W. L. Brown, M. D., Los Angeles; "Fake Surgery," J. A. Munk, M. D., Los Angeles; "Health and Disease," M. S. Aisbitt, M. D., Los Angeles; "Late Progress in Eye Surgery," D. A. Cushman, M. D., Los Angeles; "Diabetes Mellitus," L. A. Perce, M. D., Long Beach; "Typhoid Fever," W. D. Coates, M. D., Oxnard

The following officers were elected for the ensuing year: L. A. Perce, M. D., President; H. S. Turner, M. D., Vice-President; A. O. Conrad, M. D., Secretary; M. B. Bolton, M. D., Assistant Secretary; J. A. Munk, M. D., Treasurer.

Wisconsin Eclectics.

The twenty-ninth annual session of the Wisconsin State Eclectic Medical Society was held at Madison May 22-24, 1900. There was only an average attendance, but many good papers were presented. Profs. R. L. Thomas, M. D., of Cincinnati; John Tascher, M. D., formerly of Chicago, but now of Albuquerque, N. M.; E. J. Farnum, M. D., H. K. Whitford, M. D., E. G. Trowbridge, M.D., and A. W. Strong, L.L.B., of Chicago, were present and added very largely to the pleasure and profit of all who were present by taking a prominent part in the exercises, clinics and discussions.

The Treasurer's report showed a balance on hand and all bills paid, including a deficit from last year.

The following named were elected as officers for the ensuing year: President, A. B. Bailey, M. D., Fennimore; First Vice-President, J. W. Burns, M.D., Viola; Second Vice-President, M. B. Wood, M. D., Pittsville; Treasurer, J. F. Stillman, M. D., Walworth; Recording Secretary, J. V. Stevens, M. D., Jefferson; Corresponding Secretary, R. W. Edden, M. D., Janesville.

The time and place of the next meeting was left to the Executive Committee, as negotiations are well advanced for holding a joint initial public meeting of the three leading State medical societies in 1901, afterwards separating and holding their regular sessions as usual. J. V. STEVENS, M. D., Sec.

New York Eclectics.

The fortieth annual meeting of the

Eclectic Medical Society of the State of New York opened at Empire Hall, Syracuse, Wednesday, May 16th. The attendance was over ninety during the two days' session. President F. D. Gridley presided.

The following papers were read and discussed: "Obstetrical Practice," G. W. King, M. D.; "Orthopedics," O. H. Rohde, M. D.; "Microscopic Analysis," M. Meyer, M. D.; "Chionanthus," C. W. Brandenburg, M. D.; "Pilocarpine Jaborandi," H. Scaison, M. D.; "Fibroid Tumors," E. Denny, M. D.; "Xeroform," W. L. Heeve, M. D.; "Common Fractures," O. A. Hyde, M. D.; "Malaria," G. W. Thompson, M. D.; "Veratrum Viride," W. J. Krausi, M. D.; "Vaginal Hystorectomy," C. M. Tobyn, M. D.; "Typhoid Fever," J. A. Rega, M. D.; "The Triumph of Eclecticism," R. W. Padgham, M. D.

The fact was announced that the fourteen graduates of the Eclectic Medical College of New York City had made an average of 86.8 per cent.

The following officers were elected: President, F. C. Maxon, M. D., Chatham; First Vice-President, J. N. Rawle, M. D., Brooklyn; Second Vice-President, E. H. King, M.D., Saratoga; Third Vice-President, F. A. H. Rivet, M. D., Green Island; Treasurer, L. E. Horton, M. D., Avoca; Secretary, S. A. Hardy, M. D., 239 East Thirty-third street New York City; Corresponding Secretary, G. W. Boskowitz, M. D., 40 East Forty-first street, New York City.

The visiting members were finely entertained by the Syracuse Eclectics.

The next annual session will be held at Fishkill Landing April 3 and 4, 1901.

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W. C. SHIPLEY, M. D., }
H. B. CROCKER, M. D. } **MANAGERS.**

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EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,

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*Editorial.***A Standard for Medical Practice**

Senator Gallinger, on the sixth of June last, introduced a bill providing for a commission to ascertain what legislation is necessary to secure a uniform standard in the practice of medicine and surgery in the United States.

This is the only solution to the perplexing problem of medical legislation, and it is time that something should be done to regulate the standard of American medical colleges and the qualifications of practitioners of medicine and surgery.

The laws now in force in many of the States are inadequate, to say nothing of being in many cases absolutely absurd and even a direct insult to the

integrity of a profession that should be above reproach.

In some States the laws governing the practice of medicine are very strict, and even go so far as to demand that every physician submit to an examination before a State board, regardless of his qualifications, before being admitted to practice, and at the same time the legislatures of these very States will grant charters to "any-old-thing" medical colleges and allow them to grind out so-called doctors of medicine that are not only a disgrace to the profession they presume to represent but to the community in which they reside.

Such laws, though correct in intent, are radically wrong, and only tend to belittle the profession in the eyes of the public. The law makers, as it were, placed the cart before the horse. They should legislate so as to control the standard of the institutions of medical learning, placing all colleges on an equal basis. Then the qualifications of their graduates will be beyond question.

A national standard for and control of medical colleges is the only rational solution to the question, and we heartily hope that when Congress again convenes it will find time to look thoroughly into this subject, and with reason and judgment pass such laws and appoint a commission that will forever do away with the annoyance of individual State medical legislation and the turning out of unqualified men to practice upon the credulity of the public.

Higher educational qualifications should be rigidly enforced and a more

extensive medical course adhered to, so that when a graduate of any American college of medicine presents his diploma it alone would be sufficient evidence of his right and ability to practice the art and science of medicine and surgery. Then and only then would the profession of medicine be raised to the dignity and position it should occupy. s.

Wake Up!

"Are the California eclectics asleep?" This question was asked us the other day by an eclectic recently arrived from the Eastern states. We assured him that there was still reason to hope that, if sleeping, they would soon awake. With that end in view, we will offer a few suggestions to stimulate the lagging energies of our readers.

No one acquainted with the condition of affairs, no matter how optimistic, can deny to himself that the eclectics in this state do not work together for their own advancement, the progress of their college or the success of allied institutions or organizations. There has been a gradual, yet steady, decline in interest, enthusiasm and support of the things which eclectics should seek to benefit as a matter of self-protection, self-gratification and self-esteem, if for no more altruistic reason.

Compare the unity and loyalty of the homeopaths in matters relating to their legal rights, their college and hospital, with the poor attendance and lack of interest shown during the recent meeting of the Eclectic State Society. Eclectics cannot afford to be divided. If we ever hope to gain equal rights and equal recognition we must work

together, each one of us, to make *everything* connected with eclectic interests stronger. Don't leave it all to the men in the bay counties. The country practitioner can do his part. How?

First.—By using the influence which every medical man in a small community possesses. Take some bright, well-educated, ambitious young man aside and suggest that he study medicine. Interest him in your work. Show him the good results and superiority of specific medication, and praise the college which has made your success possible. It is not necessary to shout to the multitudes, "I am an Eclectic, with a capital E!" but work quietly and talk "school" when you think it will be understood and appreciated. If you are not a success don't blame the college for your incompetence, and don't advise prospective students to get another diploma "as a matter of influence." Pull has never yet proved a substitute for push.

Second.—Resolve to let the medical world know what you are doing in this age of progress. We often see articles in allopathic journals descriptive of some *new* procedure or therapy, which we know has been used by Eclectic physicians here yet has never appeared in print. Help us to make the files of the CALIFORNIA MEDICAL JOURNAL a true record of the progress and discoveries of California eclectics. Then the Eastern people won't ask, "Are the California eclectics asleep?"

Third.—Don't forget that we have one of the most pleasantly situated and best appointed hospitals in San Francisco. It is a credit to every member

The property of and must not be taken from
THE HAHNEMANN HOSPITAL COLLEGE

PUBLISHER'S NOTES.

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our school, and it will benefit you to send patients there. They will receive the best possible food and nursing, in large, well-ventilated rooms and wards, and will return well pleased with the treatment and care they have received, thanking you for sending them to such a home-like institution.

These are some of the ways you can help to wake up the other fellows, for, of course, *you* are not asleep; but you are one of the California eclectics and share the blame. There are over four hundred others. Suppose you act on the above suggestions, whether the others do anything or not. If you do, the result will surprise not only yourself but our Eastern critics, and may possibly wake up the sleepy fellows.

CROCKER.

Special Notices.

Attention, Physicians and Druggists

FOR SALE.

One of the best paying businesses in San Francisco. Good practice and drug business combined. Established ten years; price moderate; owner leaving the State. For particulars apply to JOURNAL office.

For Sale.

An established, paying drug business well located on the business street of one of our bay towns. For particulars enquire at this office.

Wanted.

By a physician of experience a good location in California. Address, Sambucus, care CALIFORNIA MEDICAL JOURNAL.

Publisher's Notes.

For Dysmenorrhea.

R Salo-Sedatus, two 5-grain tablets. Take both of them for a dose, and drink a cup of hot table-tea, lie down and keep quiet; but if required to do so, go on about your ordinary business. If one dose does not give the required relief, repeat in one, two or three hours.

These tablets will give relief if the hot tea is not taken with them, but they act more speedily when accompanied with a hot, stimulating drink.

Relief for British-Boer War Sufferers.

The following letter from the London office of The Antikamnia Chemical Company, under date of March 2nd, 1900, will be found interesting:

Dear Sirs:—It was suggested to me a few days ago that I should contribute some Antikamnia to one of the hospital ships going out in charge of Dr. Conan Doyle and Surgeon O'Callaghan, F. R. C. S., the latter of whom is very well known to me and has a very substantial practice. I have contributed to this hospital ship and to the Maine equally, in your name, the following exact number of ounces, viz: 12 dozen ounces of Antikamnia Powdered and 24 dozen ounces Five-grain Antikamnia Tablets, in all 36 dozen ounces, and I feel certain you will endorse what I have done. This constitutes the first introduction *in quantity* to the Army Medical Service of Her Majesty.

February sales show nearly double

the volume of sales for February, 1899. Rather a pleasant report to make, is it not? Regular monthly report by next post.

Very truly yours,
THE ANTIKAMNIA CHEMICAL Co.,
Per J. M. Richards.

REPLY.

ST. LOUIS, U. S. A., Mar. 14, 1900.

Dear Sir:—In reply to your favor of March 2nd, 1900, we beg to say that the contribution of 36 dozen ounces of Antikamnia preparations to hospital ships may most agreeably be charged to account of home office.

We must thank you for your timely thoughtfulness in making these donations. We have, on this side also, contributed liberally to the Boer Relief Fund, through the local representative, Dr. Emil Preetorius, of this city.

Glad to note your reference to increased sales, etc.

Sincerely yours,
THE ANTIKAMNIA CHEMICAL Co.,
Frank A. Ruf, Pres.

In chronic catarrhal conditions of the mucous membrane of the uterus and vagina, the Waterhouse Medicated Uterine Wafers will act as a specific. Try them, doctor.

Sanmetto Endorsed

After Watching Its Effects in Several
Hundred Cases of Genito-Urinary
Diseases.

It gives me great pleasure to add my testimony to that of the many eminent physicians in this city and elsewhere,

attesting the wonderful curative value of Sanmetto. In nearly all genito-urinary ailments, especially of a chronic nature, it is simply invaluable. I consider Sanmetto almost a specific for chronic prostatitis, especially in old men, where more or less hypertrophy exists; also in weakness of the generative system, it has wonderful power in restoring waning sexual strength. This is my first testimonial for any medicine, but having prescribed Sanmetto ever since its introduction to the profession and watched its effect in several hundred cases, I feel that I need not hesitate to endorse it.

L. E. MILEY, M. D.,
Chicago, Ill., Grad., 1881, Mich. Univ.,
Member Am. Med. Assn., Member
Ill. State Med. Assn., Member
Chicago Med. Soc.

Dr. J. Grant, Monticello, Fla., says: I find nothing in the materia medica to equal Aletris Cordial in uterine diseases. I have used it in a very obstinate case, which outstood several important remedies. When I put the patient on Aletris Cordial, every diseased symptom disappeared in a week's trial. I have used it several cases and can, therefore, say that it is an active and powerful agent for diseases of the womb.

Uric Acid and Headaches.

A physician, who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found, experimentally, that he could produce a headache

in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which, in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of Laxative Antikamnia and Quinine Tablets.

Sanmetto in Enuresis Nocturna.

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Book Notes.

The Annual of Eclectic Medicine and Surgery, edited by John V. Stevens, M. D.; Volume 8, embracing the papers and proceedings of the various State Eclectic Medical Societies for the years 1897 and 1898; 8vo., 538 pp., cloth; price, \$2; The Scudder Brothers Company, publishers, Cincinnati, O., 1900.

This is a yearly record of the observations, investigations and experiences of the Eclectic physicians of the United States, as reported in their papers presented at the annual meetings of the State societies, together with a condensed report of the proceedings of those societies.

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Diseases of the Intestines, by Max Einhom, M. D., Professor of Medicine at New York Post-Graduate Medical School and Hospital, Visiting Physician to the German Dispensary, New York; William Wood & Co., New York

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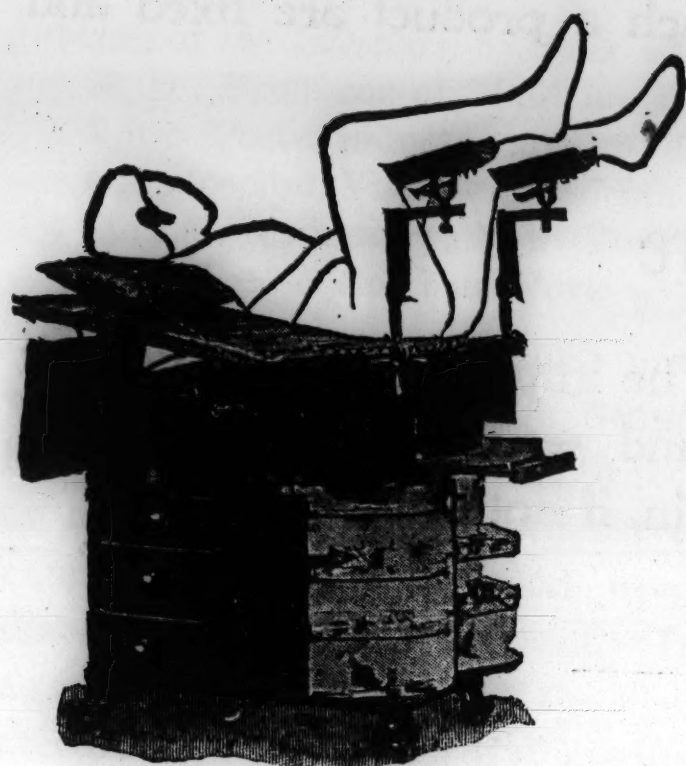
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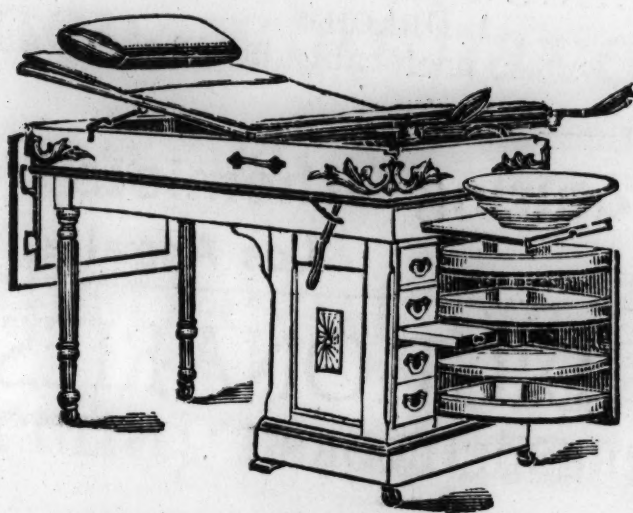
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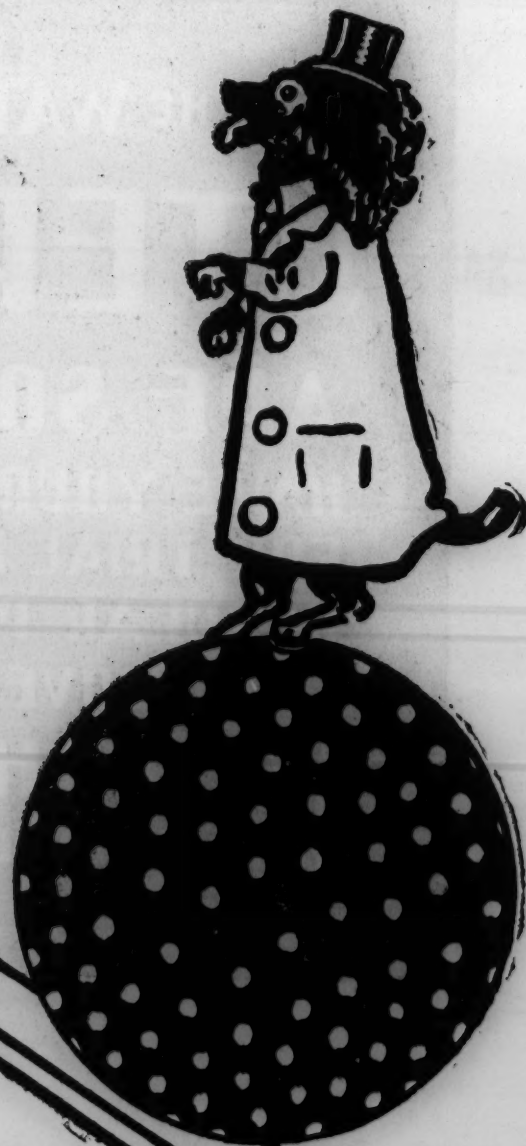
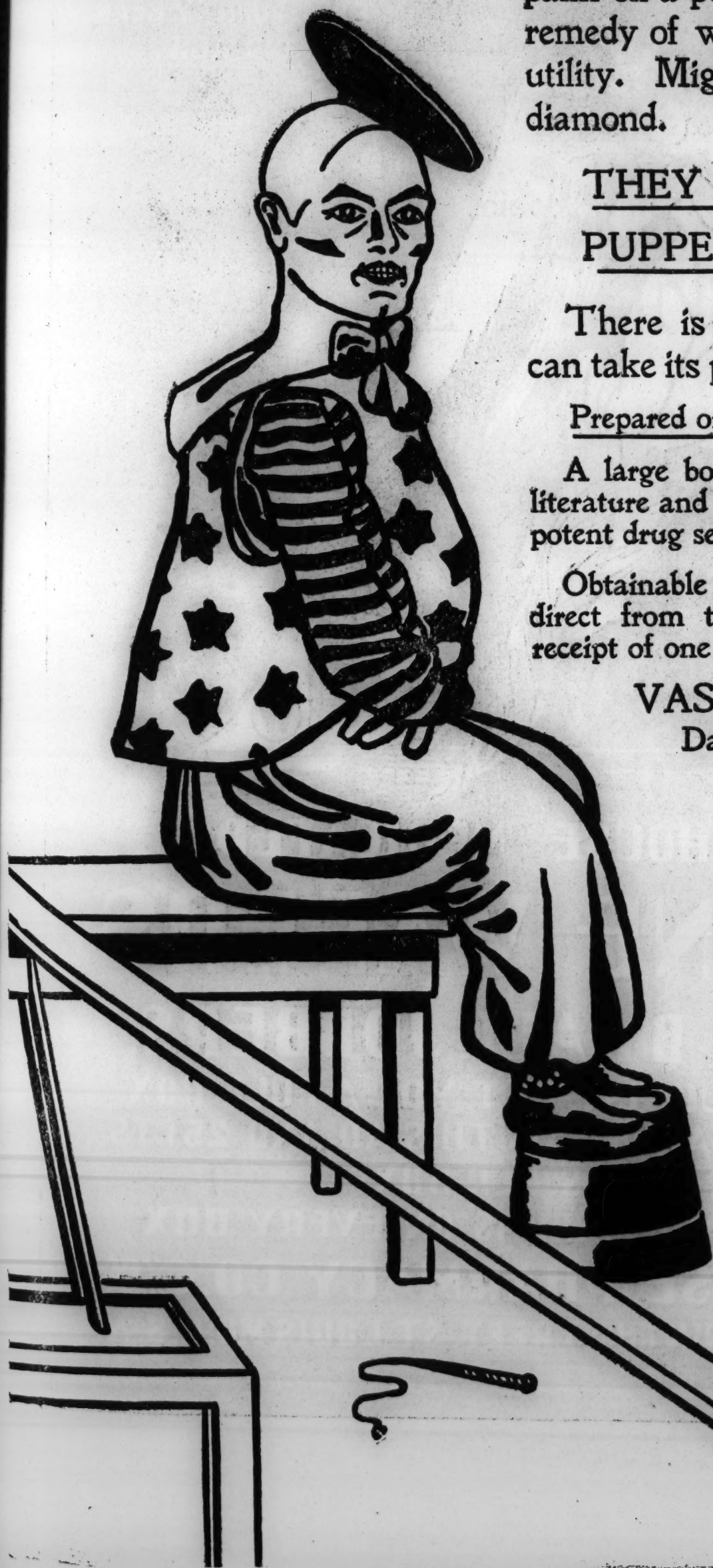
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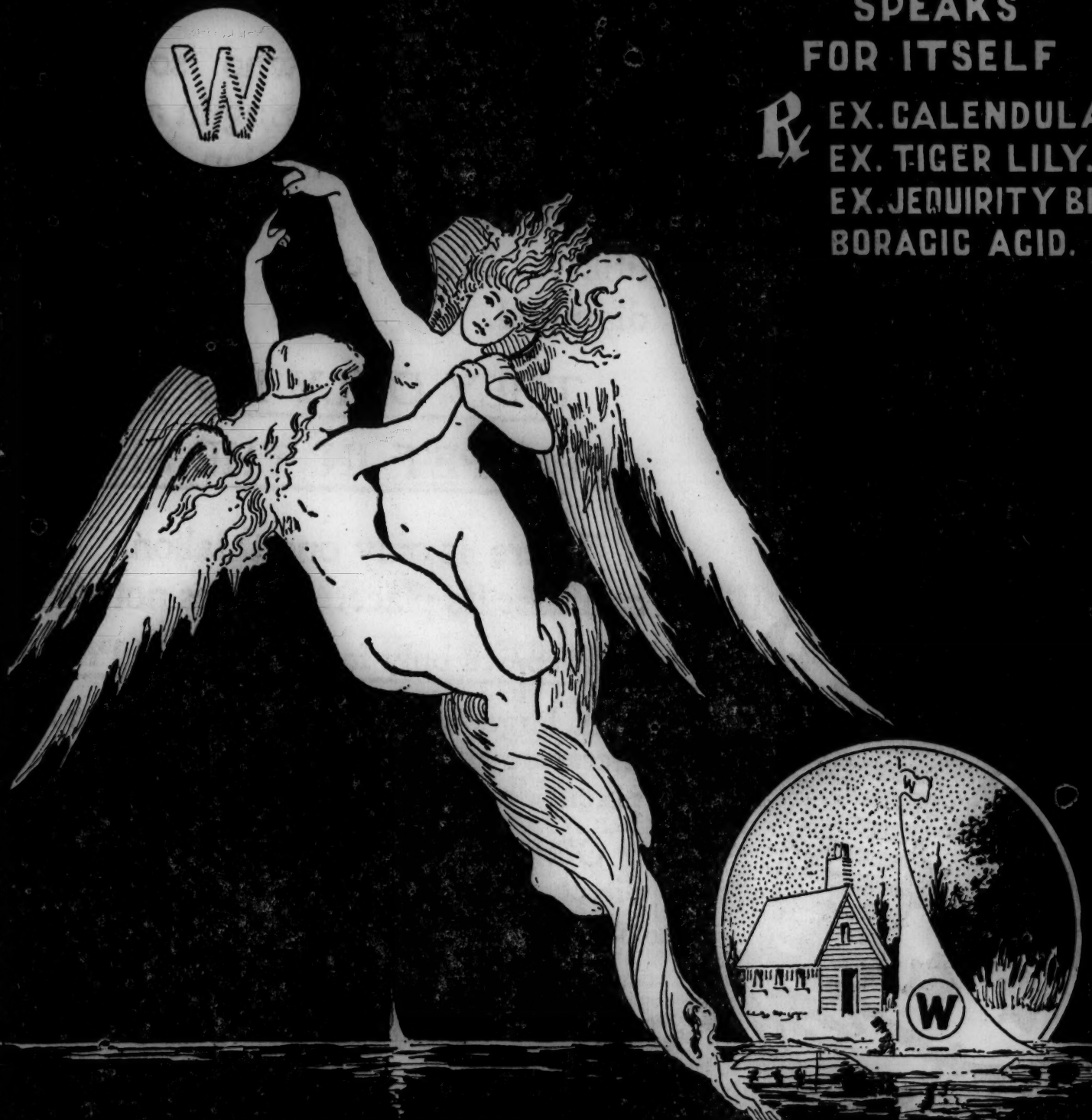
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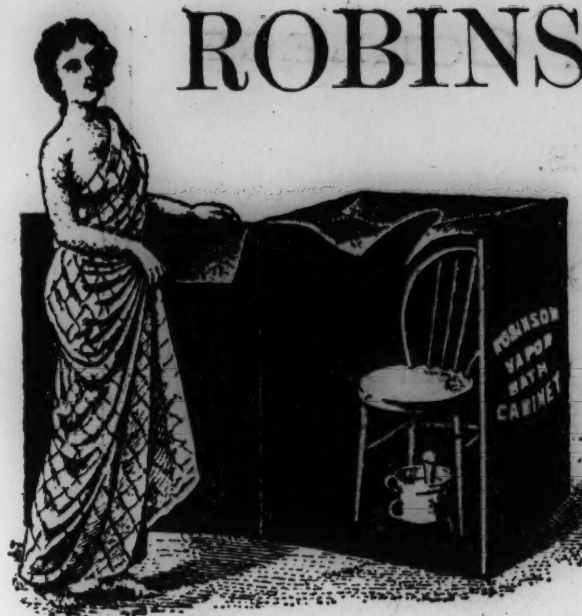
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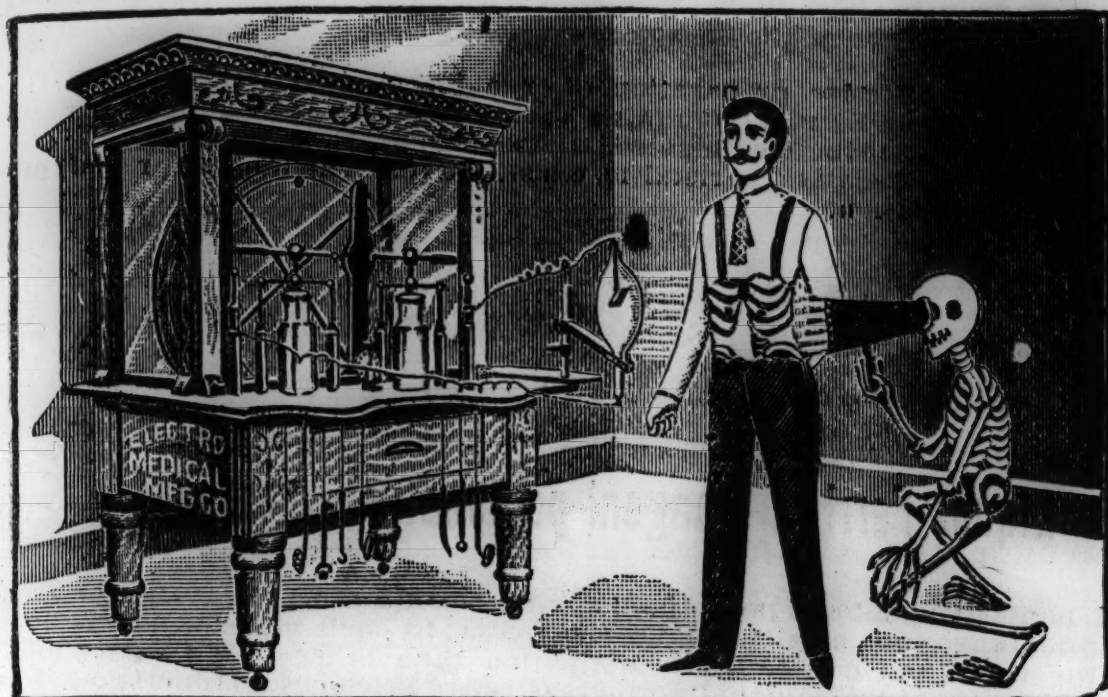
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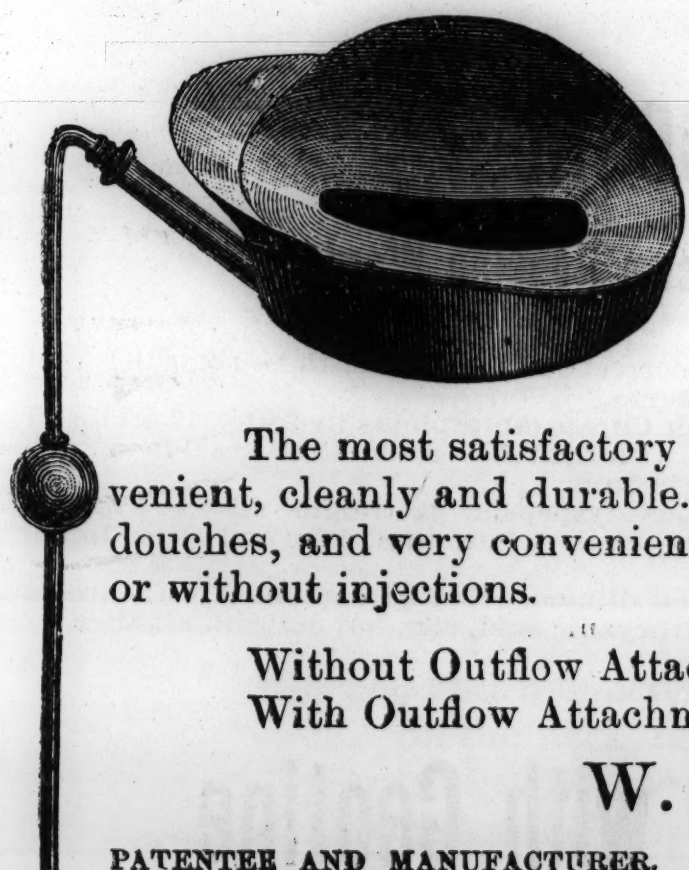
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Neutral, non-astringent and permanent solution, containing $1\frac{1}{2}$ grains of Iron and $\frac{1}{4}$ grain of Manganese, as albuminoid peptonates, to each tablespoonful. Does not affect the teeth, and causes less constipation than other iron preparations. Increases the amount of Hæmaglobulin progressively. Produces no functional disturbances during assimilation. Indicated in chlorosis, anæmia, chorea, during convalescence, and in all wasting diseases.

Milk of Bismuth with Pepsin

Lac Bismuthi cum Pepsino Worden

A chemically and therapeutically correct combination of these remedies, replacing elixirs and other unscientific mixtures.

Each fluidounce contains Bismuth Citrate (amorphous hydrate), 16 grains; Pepsin, U. S. P. (as glycerole), 16 grains, with hydrochloric and lactic acids in proportion as they are found in normal gastric fluid.

Indications:—Chronic and nervous dyspepsia, gastralgia, all cases of reflex vomiting (especially during pregnancy), cholera infantum, colic and other infantile disorders.

Dose:—One or two teaspoonfuls well diluted. May be combined with aromatic waters, creasote, alkaloidal salts, hydrocyanic acid, etc., but not with alkalies.

Nasal and Throat Spray with Geoline

Geolium Antisepticum, Worden

Formula of the Manhattan Hospital.

Geoline combined with pure (optically correct) Menthol, Eucalyptol and Terebene. Valuable antiseptic emollient and stimulant in ozena, catarrh, chronic bronchitis and affections involving the mucous membranes of the respiratory organs. Easily diffused through an oil atomizer or nebulizer.



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ECHAFOLTA

THE BEST REMEDY
IN ALL

SEPTIC CONDITIONS.

"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanious and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

H. W. FELTER, M. D., Cincinnati, Ohio.

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Stop Milk! it's fermentable and "curd-
able." Give *Liquid Peptonoids* as an aseptic fluid
food until the child's ordinary nourishment
can be resumed. One-half to one teaspoonful
every 2 hours—more or less—according to age.

*When fermentation is pro-
nounced, give*

LIQUID PEPTONOIDS
WITH CREOSOTE.

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